

## Application Data Sheet

### Application Information

**Application number:** 10/529,967  
**Filing Date:**  
**Application Type:** Regular  
**Subject Matter:** Utility  
**Suggested Classification:**  
**Suggested Group Art Unit:**  
**CD-ROM or CD-R:** Listing  
**Number of CD Disks:** 1  
**Number of copies of CDs:**  
**Sequence Submission?** Paper  
**Computer Readable Form (CRF)?** Yes  
**Number of Copies of CFR:** 1  
**Title:** CONTIGUOUS CAPILLARY ELECTROSPRAY  
SOURCES AND ANALYTICAL DEVICE  
**Attorney Docket Number:** NIHA-0194  
**Request for Early Publication:** No  
**Request for Non-Publication:** No  
**Suggested Drawing Figure:** n/a  
**Total Drawing Sheets:** 11  
**Small Entity?:** No  
**Latin name:**  
**Variety denomination name:**  
**Petition included?:** No  
**Petition Type:**  
**Licensed US Govt. Agency:** Yes  
**Contract or Grant Numbers:** 263-02-D-0053  
**Secrecy Order in Parent Appl.?:** No

## **Applicant Information**

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	George
<b>Middle Name:</b>	
<b>Family Name:</b>	JANINI
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Rockville
<b>State or Province of Residence:</b>	Maryland
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	14220 Hiwood Road
<b>City of mailing address:</b>	Rockville
<b>State or Province of mailing address:</b>	Maryland
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20850
<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Haleem
<b>Middle Name:</b>	J
<b>Family Name:</b>	ISSAQ
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Frederick
<b>State or Province of Residence:</b>	Maryland
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	8103 Clearfield Road
<b>City of mailing address:</b>	Frederick
<b>State or Province of mailing address:</b>	Maryland
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	21702

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Canada  
**Status:** Full Capacity  
**Given Name:** Timothy  
**Middle Name:** D  
**Family Name:** VEENSTRA  
**Name Suffix:**  
**City of Residence:** Jefferson  
**State or Province of Residence:** Maryland  
**Country of Residence:** United States of America  
**Street of mailing address:** 5540 Catholic Church Road  
**City of mailing address:** Jefferson  
**State or Province of mailing address:** Maryland  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 21744

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Thomas  
**Middle Name:** P  
**Family Name:** CONRADS  
**Name Suffix:**  
**City of Residence:** Frederick  
**State or Province of Residence:** Maryland  
**Country of Residence:** United States of America  
**Street of mailing address:** 312 Selwyn Drive, Apt. 3A  
**City of mailing address:** Frederick  
**State or Province of mailing address:** Maryland  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 21701

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Kenneth  
**Middle Name:** L  
**Family Name:** WILKENS  
**Name Suffix:**  
**City of Residence:** Nashville  
**State or Province of Residence:** Tennessee  
**Country of Residence:** United States of America  
**Street of mailing address:** 4712 Sterling Cross Drive  
**City of mailing address:** Nashville  
**State or Province of mailing address:** Tennessee  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 37211

## Correspondence Information

**Correspondence Customer No.:** 45160

**Name:**

**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing**

**Address:**

**Phone number:**

**Fax number:**

## **Representative Information**

**Representative Customer No.:** 45160

## **Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/420,003	October 21, 2002

## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

## **Assignee Information**

<b>Assignee name:</b>	The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services
<b>Street of mailing address:</b>	Office of Technology Transfer, National Institutes of Health, Suite 325, 6011 Executive Boulevard
<b>City of mailing address:</b>	Rockville
<b>State or Province of mailing address:</b>	Maryland
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20852-3804